



Department of Criminal Justice Services Field Training for Civil Process Service Officers

Name: _____ SSN: _____

Department Name: _____

Academy Attended: _____

Academy Completion Date: _____

Field Training Section	Performance Outcomes	Date Completed	Not Applicable	Field Training Instructor Initials
Department Policies, Procedures, and Operations	# 9.1 – 9.6			

I certify that that the above referenced jail deputy or officer has demonstrated competency in all the performance outcomes listed on this form in compliance with §9-170(8) of the Code of Virginia (1950) as amended, and the regulations of the Criminal Justice Services Board.

Signature of Agency Administrator

Date